NOR-MAN
Regional Health Authority

1997 - 1998
Annual Report

NOR-MAN REGIONAL
HEALTH
AUTHORITY

Chairman of the Board's Report

It is with a sense of accomplishment that I reflect on the activities of the NOR-MAN Regional Health Authority Board of Directors and of the organization as a whole during the 1997/98 fiscal year. Prior to and shortly after the proclamation of Bill 49, the Board of Directors successfully initiated the development of a policy framework that would support our newly formed regional health care system.This involved the establishment of Executive and Finance Committees, the orientation of new Board members, and the development of Board Vision, Mission and Value Statements. In addition to these achievements, the Board has been actively involved in the overall governance of the Regional Health Authority and represents the NOR-MAN region at the provincial level through the recently established Council of Chairs structure.

The different facets of the organization have been consolidated under the Regional Health Authority auspice, bringing together the expertise of service providers from across our region. This consolidation process has been accompanied by a degree of stress, both of a positive and negative nature. The Board has endeavored to balance the demands on the organization with the need to actualize its Vision and Mission, both of which are aimed at the provision of quality health care services to people in our region.

Effective April 1997, Gerry Hildebrand resigned from his position as Chief Executive Officer with the NOR-MAN Regional Health Authority, which created a gap in our organization. We would like to extend our appreciation to Gerry for his dedication to the Regional Health Authority before and during its first year of operation. As a result of Gerry's efforts, we are able to rely on the members of the senior management team and our Acting Chief Executive Officer to provide administrative leadership to the organization during this interim period.

It is evident that we are well on our way to developing an effective and efficient regional health care system that can respond to the needs of our clients/patients and communities. Despite the challenges that we have faced in the past year, I believe that we have kept those needs in the forefront and have looked for ways to improve the level of care that people receive from our organization. I look forward to 1998/99 to implement our Health Plan, which promises to maintain and improve health care services in the NOR-MAN region through innovation, established mechanisms, and partnerships with other groups and organizations.

Gordon Mitchell
Chairman, Board of Directors

WE ARE A BOARD GOVERNED HEALTH SERVICES AGENCY, SERVING PRIMARILY, BUT NOT EXCLUSIVELY, THE RESIDENTS OF THE NOR-MAN REGION.

NOR-MAN REGIONAL HEALTH AUTHORITY

Chief Executive Officer's Report

The establishment of the NOR-MAN Regional Health Authority on April 1, 1997 significantly changed the way in which health services were governed and delivered in the NOR-MAN region. Accountable to a Board of Directors, the Regional Health Authority assumed responsibility for creating an "integrated, responsive and accessible health services system". Our intent was to combine services that had been formerly run by separate hospital Boards and Manitoba Health into a regional system that was driven by the needs of NOR-MAN residents. The services that were affected covered the health care spectrum, ranging from health promotion and public health to acute and long term care.

Gerry Hildebrand served in the position of Chief Executive Officer during the Regional Health Authority's first year of operation. His initial areas of focus included the transfer of existing facilities to the Regional Health Authority, and the subsequent transfer of services that had been delivered by Manitoba Health. Gerry also endeavored to construct a senior management team, and successfully recruited an Executive Assistant, two Directors of Programs and Services, a Director of Finance and Information, a Director of Corporate Services and a Director of Regional Services. Three of the individuals who accepted these position had been employed in hospitals in the NOR-MAN region. Gerry also welcomed the addition of a full-time Medical Officer of Health (MOH) to the team. NOR-MAN had formerly relied on part time or itinerant MOH services. He also expanded the management group to include the Director of Family Services, thereby creating a link between the Regional Health Authority and this related system.

The actions that were taken during the 1997/98 fiscal year reflect central themes that continue to shape the organization as we move ahead into our second year as a regional entity. The first theme is one of change management, which is an ongoing challenge for staff, clients/patients, community members and other key stakeholders. There continues to be questions about the mission and role of the Regional Health Authority that we must address. The District Health Advisory Councils have a major role to play in this regard. A second theme pertains to needs based planning and service delivery. This theme has affected, and will continue to direct, improvements to our health care system. "Accessibility" is a third theme that shaped the Regional Health Authority during its first year of operation. Specific actions that were taken to improve the accessibility of services to people living in different parts of our region included the decentralization of Health Promotion services and the development of a primary care plan for the southern part of our region. The partnership with Chemawawin First Nation that sought to address the prevalence and impact of diabetes in that community exemplifies our aim of increasing the accessibility of services, and our intent to bridge jurisdictional issues to work in the best interests of residents of the region. A fourth theme is one of equity - we simply want to offer NOR-MAN residents the type and level of services that are available in other parts of the province. To achieve this aim, we have concentrated on physician recruitment and have identified the need to acquire services offered by other professionals in our 1998/99 Health Plan. We have continued to seek approval for capital projects, and have had some significant success in this regard. We have also explored creative ways to extend the services that are available, such as establishing a tele-link with the Health Sciences Centre so we can deliver more effective mental health services. Of equal importance to the above four themes is our aim to deliver quality care to the people who access our services. A major effort to determine what clients and patients think about our services took place in 1997/98. Finally, our actions have been driven by the need for efficiency, and our efforts to maximize the resources that we have available to us.

I have been privileged to be involved with the Regional Health Authority since August 1997, and was recently appointed Acting Chief Executive Officer, following Gerry Hildebrand's resignation in April 1998. Looking ahead to the coming year, it is evident that we will be faced with many challenges as we strive to build on the accomplishments of our first year as a Health Authority. To be successful, I believe we need to pro-actively strengthen our organization, and forge alliances with local health care providers, local and municipal governments and other organizations.Through collective action we have the best chance of improving the health of individuals, and fostering the development of healthy communities in the NOR-MAN region.

Linda Campbell
A/Chief Executive Officer

NOR-MAN REGIONAL HEALTH AUTHORITY

Programs & Services Division

Under the auspices of the Programs & Services division the NOR-MAN Regional Health Authority delivers a range of core services to the 25,549 people living within our boundaries and to residents of neighbouring Saskatchewan communities. These include:

Health Protection

Health protection services are offered by public health staff and by the Medical Officer of Health. Approximately 1,000 children are protected by routine immunizations each year. Plans are underway to expand the immunization program through Hepatitis B immunizations of Grade IV students.

During 1997/98 public health staff responded to public health crises in the community. The Medical Officer of Health offered support and consultation to First Nations' communities during an outbreak of Hepatitis A. Continued efforts relative to jurisdictional issues around health and safety problems have resulted in a closer alignment with Manitoba Environment, Opaskwayak Cree Nation, Cree Nation Tribal Health Centre and Peter Ballantyne Cree Nation,

Prevention & Community Health Services

Efforts to examine reproduction health issues were made last year through a review of practice patterns, policies (e.g. Trial of Scar) and demographic data. These reviews have revealed a number of issues. Many mothers from outlying communities are required to relocate to the communities of Flin Flon and The Pas for as much as two weeks prior to delivery and efforts to support these families have posed significant challenges. Transportation systems have impacted on both prenatal and postnatal care. A total of 564 babies were born in the NOR-MAN region this past year.

The prevention of diabetes is a Health Authority priority. Efforts to establish a strategic plan in collaboration with Swampy Cree Tribal Council relative to diabetes have resulted in community consultations, visits and a commitment to mobilize resources for local communities including home dialysis in communities such as Chemawawin First Nation.

Treatment, Emergency & Diagnostic Service

All services offered in hospitals and personal care homes fall into this category. During 1997/98 the Health Authority aimed to increase utilization of emergency departments in Flin Flon and The Pas. This has been achieved thanks to 24 hour on-site physician services. Currently The Pas Health Complex has approximately 1,500 patient visits per month and Flin Flon has experienced up to 900 visits per month.

The Health Authority has done preliminary work to expand the number of personal care home beds in Flin Flon. Twenty-six (26) acute care beds currently being used at Flin Flon site will be converted to personal care home beds with the development of Northern Lights Manor.

Developmental & Rehabilitative Support Services

During 1997/98 Community Therapy Services was responsible for recruiting and hiring Physiotherapists and Occupational Therapists for the region. Unfortunately unfilled vacancies remained a problem. A thorough review of Community Therapy Service practices and contract has been completed and recommendations are forthcoming.

Home-Based Care Services

Efforts to extend Home Care services to First Nations' communities have met with some jurisdictional challenges. Continued efforts in collaboration with Cree Nation Tribal Health Centre will proceed relative to local training initiatives.

Integration of Home Support, Health Care Assistant and Manitoba Health Proctor training is being pursued actively through a collaboration with Keewatin Community College.

Long Term Care

The quality of accommodation for a personal care home resident has been less than desirable for the past few years. In 1998 Manitoba Health made it possible for us to improve our personal care home facilities. A new personal care home is being built in The Pas and a major renovation of Northern Lights Manor has been initiated.

NOR-MAN REGIONAL HEALTH AUTHORITY

Mental Health Services

The Psychiatric Inpatient Unit at The Pas Health Complex is under construction and is due to open in early 1999.

A nine month "applied research" study on the use of an audio visual link for consultation at The Pas is underway.

We have been successful in recruiting a clinical psychologist as of September 1998. This is an example of our increased capacity to recruit through collaborative efforts with organizations such as the University of Manitoba. Planning for regional psychiatric services have included such partners as the University of Manitoba, the Chief Provincial Psychiatrist and others.

Substance Abuse/Addictions

The Rosaire House Addiction Centre has focused their efforts on life skill management utilizing a wellness model. Approximately 277 people were admitted this past year, and in 165 follow-ups 70% indicated an overall improved life quality. The spectrum of programs has been increased to address gambling and marijuana addictions and now includes a flexibility to accommodate people who are currently employed.

Other community initiatives have included multi-sectorial meetings to define the assessment and treatment needs of children with FAS/FAE. Further efforts to provide itinerant clinical support are underway.

Palliative Care

Preliminary consultations have been held with First Nation's communities to assess how to best provide support in these communities. Palliative care available to personal care home residents in the care homes is also under review.

Pat Bilquist/Lois McMurchy
Directors of Programs & Services

Shiv Brar
Medical Officer of Health

Finance and Information Services

The Finance and Information Services portfolio includes the areas of finance, payroll, purchasing, client registration, health records, information technology and the Northern Patient Transportation Program. The reorganization of health care services is creating new challenges in these areas. Multi-disciplinary teams have been formed to identify and resolve the issues that arise from the ongoing transfer of functions to the Health Authority.

A region-wide committee was formed to review and improve the Health Authority's information management processes. The following needs have been identified by the Information Management Team for immediate attention:

- A Year 2000 plan for bio-medical, premises and computer equipment;
- A regional payroll system that will support all employee groups transferred to the Health Authority;
- An integrated purchasing and accounts payable system;
- An integrated general ledger system;
- A wide area network to support integrated systems for communications, purchasing, finance, payroll, client information and other applications.

The Finance and Information Services division will continue to use a team approach in identifying and resolving transitional issues.

Rocky W. Brown
Director of Finance & Information Services

NOR-MAN REGIONAL HEALTH AUTHORITY

Regional Services Division

The Regional Services portfolio includes the diverse areas of planning, needs assessment, quality improvement, evaluation, District Health Advisory Council development, and health promotion services. Each of these areas has been the focus of attention during the 1997/98 fiscal year.

To initiate the Regional Health Authority planning cycle, a strategic planning session was held in October 1997. This session was attended by over 50 staff members, Board representatives and invited guests. Information from the session, available data on community needs, and the views of key stakeholders were used as the basis for the 1997/98 Health Plan. This Plan was presented to the Minister in final form in February 1998 and included objectives pertaining to 11 core service areas that fall under the purview of the Regional Health Authority. Related initiatives which were referenced in the Health Plan include the development of a Primary Care Plan and the proposal for the Community Nurse Resource Centre (CNRC).The Primary Care Plan was developed under the direction of the Action Research Consortium, a multi-disciplinary working group and a Physicians working group.The proposal for the CNRC was community based, and was led by 2 local planning groups in The Pas and Flin Flon.

Regional Services took the lead in conducting the 1997/98 Community Health Needs Assessment. This study involved the distribution of surveys, local and regional data gathering, the compilation and analysis of statistical information, and community based focus groups. Community volunteers were an integral part of the needs assessment process, and helped the Health Authority to achieve a regional response rate of 41% to the survey component of the study. Community volunteers also helped gather local information, and facilitated focus groups on topics that were of concern to community members. The 1997/98 Community Health Needs Assessment report will be released in June 1998. The next task will be to develop a mechanism for conducting ongoing needs assessments, so the Regional Health Authority can continue to act as a needs-based organization.

Continuous quality improvement systems have been established throughout the region, and involve Board members, staff and consumers. To support these systems, a patient/client satisfaction survey and protocol was designed. The survey will be conducted in the early part of the 1998/99 fiscal year. As a related issue, the NOR-MAN Regional Health Authority is currently seeking status as an accredited organization.To this end, the Canadian Council on Health Services Accreditation will be conducting an interim facility based accreditation survey in the fall of 1998, and a full survey in the spring of 1999. Preparations are already underway, and staff teams have been working to complete self-evaluations of the standards pertaining to their service areas.

District Health Advisory Council (DHAC) development has been a challenging aspect of our work during the 1997/98 fiscal year. Terms of reference for the DHACs were approved in February 1997. According to their terms of reference, each DHAC will act as a forum for public input on local needs and priorities and may stimulate the development of new initiatives that can mobilize the community's efforts towards the promotion of health and the prevention of disease.It was the aim of the Health Authority to establish 7 District Health Advisory Councils. During the 1997/98 fiscal year, 5 of the 7 were established. These include the DHACs for Grand Rapids/Grand Rapids First Nation, The Pas/Opaskwayak Cree Nation, Snow Lake, Cranberry-Portage/Sherridon, and Flin Flon.One of the factors that has influenced the establishment of the DHACs is the lack of clarity regarding the respective roles of the Regional Health Authority and First Nations authorities in First Nations and adjacent communities. This is one of the issues we hope to address in the coming year.

A final area of focus has been the development of a Health Promotion and Education Team that can provide services to individual communities in our region. Work on this initiative was well underway by the end of the 1997/98 fiscal year. The overall aim of empowering communities to achieve optimal health has been advanced by the efforts of this community based team, which now services each of the communities in our region.

Linda Campbell
Director of Regional Services

NOR-MAN REGIONAL HEALTH AUTHORITY

Corporate Services Division

The 1997/98 fiscal year has been one of great change for Corporate Services. Since April 1, 1997, we have worked diligently to create one regional labour force. This has involved bringing health care providers who had previously worked in separate facilities and towns together on a regional scale. During this process we have been able to examine each of our services to see how we may best serve the clients of our region.

Corporate Services has concentrated on the development of new and better communication systems. Region-wide communication committees have been established to review policy and procedure manuals, basic communication mechanisms and computerized systems. The committees have also explored the creation of newsletters, web-sites, etc. The Regional Health Authority has worked very hard to achieve positive communication with First Nations communities, people living in remote areas, clients of our services, Manitoba Health, the media and other stakeholders. Internal communication systems have also been established to ensure that pertinent information is communicated to staff.

The NOR-MAN Regional Health Authority, like other Health Authorities throughout the province, is working with the Manitoba Labour Relations Board and the Bargaining Units in the process of defining bargaining unit appropriateness within our region.The Labour Relations Board has determined that there are five bargaining units appropriate for certification with one employer. Those bargaining units are: Nursing, Professional/Technical, Support - Facility, Support - Community, and Physicians.The effect of this process on the NOR-MAN Regional Health Authority will be the conversion from 13 bargaining units and 6 unions to 4 bargaining units and 4 unions. This process, which effects most of the employees in our region, is moving quickly and it is expected that voting on particular units will occur sometime during the summer of 1998.

Internal re-organization has been taking place in Corporate Services. Corporate Services has been able to regionalize a number of services, such as Human Resources Management and Staff Health and Education, that were formerly offered as distinct services in Flin Flon and The Pas. Other departments such as Diagnostic Services, Housekeeping, Laundry and Maintenance have also adopted a regional perspective, and are looking forward to enhancing services on a regional basis.

Corporate Services supported an examination of the laboratory and imaging services delivered by the Regional Health Authority. During the 1997/98 fiscal year a review of Diagnostic Services was initiated by T.S. Butt & Associates. It is hoped that the information obtained from this review will help the Regional Health Authority to find new ways to ensure cost effective and quality services are delivered to the people we serve.

During our first year of operation, approval was received from Manitoba Health to initiate a number of important capital projects, some of which had been requested prior to regionalization. Construction is slated to begin in the 1997/98 or 1998/99 fiscal years:

- Construction of a new 60 bed personal care home to replace St. Paul' s residence.
- Northern Lights Manor renovation and conversion into a 36 bed long term care facility.
- Development of an 8 bed Psychiatric Unit at The Pas Health Complex.
- A fire upgrade at the Flin Flon General Hospital.
- Interim safety and security projects at St. Paul's Residence that will ensure that residents are comfortable in the older residence until the new facility is completed.
- Dialysis expansions in The Pas Health Complex and Flin Flon General Hospital.
- Roof repairs at the Snow Lake Medical Nursing Unit and Flin Flon General Hospital.
- In-patient area renovations at the Flin Flon General Hospital.

These projects will improve our ability to delivery effective health care services to patients who access the hospitals in The Pas, Flin Flon and Snow Lake.

Jason Marchand
Director of Corporate Services

NOR-MAN REGIONAL HEALTH AUTHORITY

103-02082/

Highlights of the Community Health Needs Assessment

A comprehensive needs assessment was conducted by the NOR-MAN Regional Health Authority from May 1997 to January 1998. As a guide for evidence-based decision making, the needs assessment was viewed as a tool that could assist the Regional Health Authority to set priorities for the future. The approach that was used to conduct the assessment was participatory, and involved local community members from Grand Rapids, Grand Rapids First Nation, Easterville, Chemawawin First Nation, The Pas, Opaskwayak Cree Nation, Moose Lake, Mosakahiken First Nation, Cormorant, Snow Lake, Cranberry Portage, Sherridon and Flin Flon. Pukatawagan was not included in the study because legislated boundary changes which facilitated the transfer of this community from Burntwood region to the NOR-MAN region were in progress when the needs assessment was conducted.

A health determinant framework was used to summarize the information gathered during the needs assessment. A health determinant is simply a factor that contributes to the health or illness of individuals, groups and populations. Our data suggests that some of the people living in our region face situations, or make lifestyle choices, that places them at risk from a health perspective. Some of the highlights from the needs assessment are included below.

The results of the needs assessment will released in June 1998 in a report entitled "NOR-MAN *Regional Health Authority 1997/98 Community Health Needs Assessment*".

Did you know ...

- There is a concentration of households in our region with a total income of less than $20,000.
- Over half of the people eat balanced meals, although nutritious and reasonably priced food is not available in all communities.
- Smoking is a serious problem in our region - 52.5% of the people who participated in the study currently smoked.
- Substance abuse and gambling addictions affect the lives of many people, and are significant problems in some communities.
- Although 4 in 5 people never use bicycle helmets, the same number have working smoke detectors. Three quarters of the survey respondents use seat belts.
- Environment pollution is a concern in many communities in our region.
- Fewer people in the NOR-MAN region have completed high school, when compared to other Manitobans.
- The standardized mortality rate for the NOR-MAN region was the highest in Manitoba.
- The rate of teenage pregnancy in the region was over twice the rate of the rest of the province.
- Diabetes is a problem of epidemic proportion in NOR-MAN, especially among Aboriginal people.
- Injuries and poisonings are a concern in the NOR-MAN region.
- The cervical cancer screening rate in our region is the lowest in the province.

NOR-MAN REGIONAL HEALTH AUTHORITY

Volunteer Services

Volunteers are a vital part of the NOR-MAN Regional Health Authority. Their contribution helps to improve the well-being and quality of life of our patients and clients. We take this opportunity to recognize their valuable support.

The Pas Health Complex Foundation

The Foundation has pledged ongoing support for health care initiatives in The Pas and have recently committed funds to support our capital projects.

Members of the Foundation are:

Sue Lambert, Chair
Audrey Maksymchuk, Vice-Chair
Gloria Bockus
Gord Bulman
Mary Head
Albert Melnick
Ron Monczka
Aline Neveux
Al Yaskiw

Flin Flon Health Auxiliary

The Auxiliary has volunteered 2,835 hours of service in 1997. Purchases for the Flin Flon General Hospital that have been donated in 1997/98 by the Auxiliary includes an air incubator for microbiology, ultrasound machine, $1,000 towards paddles for defibrillators, microwave, coffee pot and stand, and a donation towards the renovations to the TV room on Third Floor. Fundraising activities include annual Tag Day in May, bingos, Christmas Shoppers' tea and bake sale, cart service in the Hospital.

Members of the Executive are:

Kay Larsson, President
Wanda Ginnell, Vice-President
Geri Kostichuk, Treasurer
Vi McElroy, Secretary

Snow Lake Health Auxiliary

In the past year the Snow Lake Health Auxiliary have partnered with Healthy Snow Lake, Family Resource Centre, Recreation Department and Ambulance Services to provide educational programs. The Health Auxiliary also assisted with the community needs assessment process. Fundraising activities include annual Tag Day, flea market, Christmas Boutique, Tree of Lights, Cookbook sales and many more.

Members of the Executive are:

Janice Becking, President
Mary Brown, Vice-President
Betty Rudd, Past-President
Angelina Huang, Co-Chair
Ethel Burkholder, Secretary
Jill Powell, Treasurer

The Pas Health Auxiliary

The Pas Health Auxiliary have been involved in numerous fundraising activities in 1997/98 and have purchased a total of approximately $20,000 worth of equipment for The Pas Health Complex. Equipment purchases include: 3 bassinets, IV infusion pump, TV/VCR, 3 medi-lift chairs for St. Paul's, children's entertainment centre/video tapes.

Members of the Executive are:

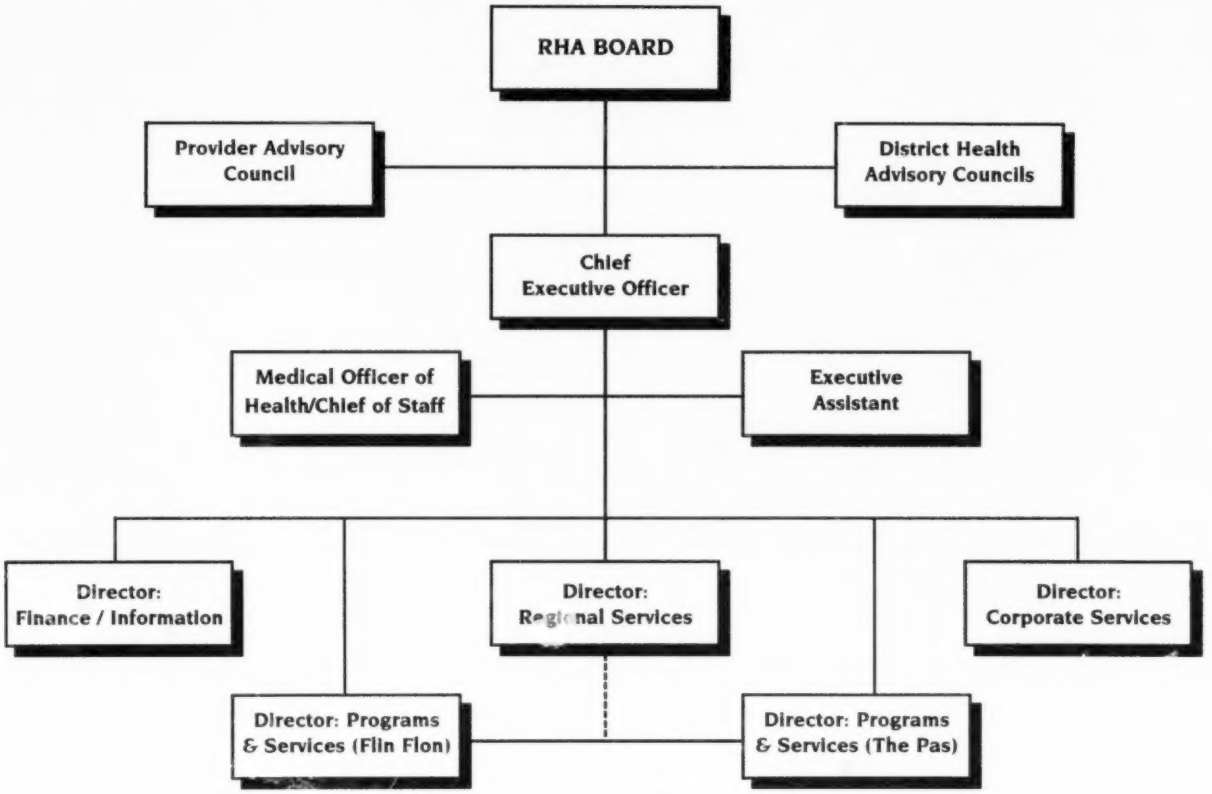
Kim Gurba, President
Terri Anaka, Vice-President
Edna Kroll, Treasurer
Judy Saskek, Secretary

Many other volunteers
(such as healthy communities, volunteer ambulance providers)
have also contributed to improvements in our health care system.

Thank You For Your Support!

NOR-MAN REGIONAL HEALTH AUTHORITY

Organizational Structure



Management Responsibility For Financial Reporting

The condensed statement has been extracted from financial statements prepared by management in accordance with generally accepted accounting principles. When financial transactions provide for alternative accounting methods, management has chosen those it deems most appropriate in the circumstances and in the best interest of the organization. Financial statements are not precise since they include certain amounts which are estimates and judgements based on known information at the time. Management has determined such amounts on a reasonable basis in order to ensure that the financial statements are presented fairly, in all material respects.

The NOR-MAN Regional Health Authority maintains systems of internal accounting and administrative controls of high quality consistent with a reasonable cost. Such systems are designed to provide reasonable assurance that the financial information is relevant, reliable and accurate and that the Authority's assets are appropriately accounted for and adequately safeguarded.

The financial statement included in this Report is unaudited. Audited Statements will be prepared by Lunam & Ahmad Chartered Accountants, in accordance with generally accepted auditing standards and will be available in September 1998 at the Regional Health Authority's Head Office. A statement of compensation paid to officers and employees of the Regional Health Authority that exceeds $50,000 will be included in these Audited Financial Statements.

Rocky Brown
Director of Finance/Information Services

NOR-MAN REGIONAL HEALTH AUTHORITY

Consolidated Statement of Revenue & Expenditures

Year Ended March 31, 1998

(Unaudited)

Revenue:	
Manitoba Health	$ 27,364,750
Institutional Income	
• Patient Resident	4,150,612
• Other Income	1,006,837
Total Revenue	**$ 32,522,199**
Expenditures:	
Central Administration	$ 634,222
Institutional Based Care - Acute	19,448,759
Institutional Based Care - Long Term	4,472,437
Home Based Care - Long Term	1,898,494
Community Based Health Programs	3,700,342
Community Therapy Services	204,632
Lab & Imaging Administration	542,395
Land Ambulance	195,600
Northern Patient Transportation	1,806,981
Adult Day Care	31,287
Total Expenditures	**$ 32,935,149**
Net Operating Deficit for Year	**($ 412,950)***

* The Regional Health Authority anticipates that the deficit will be funded by Manitoba Health

NOR-MAN REGIONAL HEALTH AUTHORITY

"WORKING TOGETHER TO CONTINUOUSLY IMPROVE OUR HEALTH"

Board of Directors 1997/98

Gordon Mitchell, Chairman	Flin Flon
Walter Bowes	Flin Flon
Ellie Donald	Cranberry Portage
Kevin Komarnicki	Flin Flon
Alfred McDonald	The Pas
Maria Moore	Opaskwayak Cree Nation
Shirley Owen	Creighton, SK
Percy Pielak, Vice-Chair	The Pas
Mona Seguin	The Pas
Garry Zamzow	Snow Lake

Standing Committees of the Board

Executive Committee:

Gordon Mitchell, Chair
Percy Pielak
Kevin Komarnicki
Linda Campbell, A/CEO

Finance Committee:

Kevin Komarnicki, Chair
Gordon Mitchell
Mona Seguin
Ellie Donald
Rocky Brown, Director of Finance
Linda Campbell, A/CEO

"Thank You"

Major Funder

Manitoba Health

Other Funders

Addictions Foundation of Manitoba
Manitoba Housing
The Pas Health Complex Foundation

Advisors

Dr. A.S. (Sandy) Banks
Dr. David Gregory, Action Research Consortium

Special Thank You

Family Services
Our Many Volunteers

District Health Advisory Councils

Cranberry Portage:

Bill Lothian, Lynn DuBois, Vera McLean, Lisa Gamblin, Wendy Trylinski, Dolores Samatte, Bill Cable, Paulette Allaire.

Flin Flon:

Gail Baker (Chair), Carie McIntosh (Vice-Chair), Cyndi Pedwell (Secretary), Linda Hettrick, Claire Andrusiak, Rosaria Kirkland, Vicky Dolinsky, Adele Crocker, Lois Burke, Laurel Mackie.

Grand Rapids:

Ron Zlotoff, Wayne Scott, Brian McLeod, Bill Sallows, Randy Huff, Bud Seens, Rose Turner.

Snow Lake:

Alan Beilman (Chair), Gail Dupont (Secretary), Sharon Stubbs(Secretary), Connie Polh, Betty Rudd, Don Malinowski, Len Kutchaw, John Humeniuk, Grace Chrapun, Margie Fey, Maxine Dodds, Helen Bill, Judy Steeves.

The Pas:

Albert Melnick (Chair), Melanie Snow-Woods (Vice-Chair), Kim Gurba (Secretary), John Marnock, Gordon Dick, Carol Ham, Marla Olinyk, Audrey Maksymchuk, Lana Harvey, Larry Constant, Doris Young, Patricia Munro, Susan MacCharles.

Management Team

Linda Campbell	A/Chief Executive Officer
Corliss Patterson	Executive Assistant
Rocky Brown	Director of Finance/Information
Pat Bilquist	Director of Programs & Services
Lois McMurchy	Director of Programs & Services
Jason Marchand	Director of Corporate Services
Shiv Brar	Medical Officer of Health
George Chigol	Area Manager, Family Services
Chief of Staff - The Pas	Dr. P. Nehra
Rotating Chiefs of Staff - Flin Flon	Dr. S.M. Amin
	Dr. K. Sethi
	Dr. P. Kucparic
	Dr. C. Christodoulou

Published by:

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